



CSHA REGION

5

ENGLISH WESTERN HIGH POINT PROGRAM FORMS CHECKLIST

Items 1-2 are State Forms ~ One check can be made payable to CSHA.

Item 3 is a Region Form ~ check made payable to CSHA Region 5.

Mail all forms to: CSHA Region 5 EW Program 1512 Plymouth Ln Antioch, CA 94509

1) CSHA STATE MEMBERSHIP APPLICATION:

New/Renewal membership application form completed with appropriate membership fees. Check made payable to CSHA. Complete this process if you are not a current member of CSHA.

2) CSHA STATE AMATEUR CARD APPLICATION:

Amateur card application form completed with the appropriate fee. **Required only if you do not possess a valid amateur card and are competing in an adult amateur category.** Check made payable to CSHA. If you have a current Amateur card from another organization, please attach a copy to your Region 5 enrollment form.

3) REGION 5 ENROLLMENT APPLICATION:

Region 5 English Western High Point Program enrollment form completed. Fees are \$25 for State registration, \$30 for Region registration, and \$25 per age division. Check made payable to CSHA Region 5. This form is required to compete in the CSHA Region 5 EW High Point Program and to qualify for the state championship show.

4) CSHA RELEASE OF LIABILITY:

This form is required of all participants. Turn in completed and signed Release of Liability form along with the enrollment application form.

5) REGION 5 POINT SHEET:

Attend a minimum of three (3) CSHA approved horse shows to be eligible to compete at the state championship show and to be eligible for the Region High Point year-end awards. Turn in Point sheets within 5 days of each show to the Region 5 EW Chair.



California State Horsemen's Association, Incorporated
 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207
 PHONE: 209-227-7110 Fax 888-389-0359
 csha@att.net

Year 20 ____ New Renewal Rejoin

Renewal - if postmarked after January 31st is subject to the additional \$10.00 reinstatement fee*

Name (Primary Adult only):		Region #	
Family Membership: Enter Family Members' information in form on back //			
Enter the following information if this is a New/Rejoin membership; or if a renewal and the information has changed.			
Address		Apt. or Unit #	
City	State	Zip	
Main Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Cell	Alternate Phone	
Email		County	
<input type="checkbox"/> Check here if out of state member		<input type="checkbox"/> Check here if legal transfer to Region	

MEMBERSHIP TYPES	DUES	
Senior (18 years old & over)	\$ 35.00	
Family (complete page 2)	\$ 40.00	
Commercial	\$ 50.00	
Commercial; Web-site Link	\$ 250.00	
Reinstatement Fee (see above)*	\$ 10.00	
Total (a)	////////////////////////////////	

Optional Items	Price	
Bylaws/Rule Book (complete book)	\$35.00	
Bylaws/Rule Book (revisions only)	\$20.00	
Bylaws/Rulebook CD	\$5.00	
Horseman's Handbook	\$25.00	
West Coast Horse Show Rulebook	\$20.00	
C.S.H.A. Flag	\$205.00	
C.S.H.A. Shoulder Patch	\$3.00	
C.S.H.A. 3 1/2" Window Decal	\$ 3.00	
C.S.H.A. 3 1/2" Decal	\$ 3.00	
C.S.H.A. 9" Trailer Decal	\$ 6.00	
C.S.H.A. Lapel Pin	\$ 8.00	
Donation to C.S.H.A.		
Total (c)	//////////	

Youth 17 & under must join as part of a Family Membership

CHARITABLE TRUST DONATIONS		
The Trust is a 501 (c) (3) non-profit organization Donations to the Trust are tax deductible		
Program Scholarships	Donation	
English	\$	
Western	\$	
Gymkhana	\$	
Horsemastership Junior	\$	
Horsemastership Senior	\$	
Royalty	\$	
Trail Trial	\$	
UC Davis Veterinary Scholarships	\$	
Equine Medical Research Fund	\$	
Other – Please indicate below	\$	
Total (b)	\$	

CSHA is a 501 (c) (3) non-profit organization
Donations to CSHA may be tax deductible in full or in part.

Dues	(a)	\$
Charitable Trust Donation	(b)	\$
Optional Item(s)	(c)	\$
Program Registration Fee(s)**		\$
Total Due		\$

**Program registration form must be included
 (Applies to Amateur Card, ETP and Parade only)

Office/Officer/Chairman Use Only

Region	Officer/Chairman signature	Date
Received in Office	Postmark date	
Check #	Deposit date	QB updated
Member #	Member Cert mailed	Scanned



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Family Members

Member	First Name	Last Name	Gender	Relationship*	DOB
Primary Adult					
Second Adult					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					

* Relationship to Primary Adult

Family Membership Qualifications:

Two or more persons who meet one of the following qualifications may apply for a family membership:

- a) Any two persons of the same household and/or their children who are juniors.
- b) Any two persons who reside in the same household;
- c) Any adult and his/her children/grandchildren who are juniors.
 The adult must be the parent or legal guardian of the children/grandchildren.



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED

Amateur Card Application

MAIL WITH \$20 PAYMENT CHECK PAYABLE TO:
CSHA, 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

Applicant must provide references from three individuals who can personally attest to applicant's qualification as an amateur as defined by the West Coast Horse Show Rule Book as stated below. All Amateur cards expire on December 31st of the year issued.

Applicant: _____ Year of Application: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____ Email: _____ Region: _____

Applicant must be a current member in good standing of the California State Horsemen's Association at the time of application for amateur status (use the CSHA membership application to join or renew membership)

Membership Type: [] Senior [] Family [] Life [] Club Name of Club: _____

CSHA DEFINITION OF AMATEUR as reprinted from the West Coast Horse Show Rule Book, Section 1.4:

“Exhibitor is 18yrs of age or older as defined in 1.3 and has not received remuneration, monetary or otherwise either directly or indirectly for the previous 3yrs for training, riding, instruction, showing, or judging horses. Exhibitor must have proof of current amateur status. CSHA or other recognized breed organization cards are acceptable. Management has the right to deny showing privileges to any person who cannot show proof of amateur status”

1] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur and the information I give is true and correct.

Name of party: _____ Email _____

Address: _____ Ph# _____

I have known the applicant for _____ years and have personal knowledge of his/her equestrian activities.

Signature: _____ Dated: _____

2] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur and the information that I give is true and correct.

Name of party: _____ Email _____

Address: _____ Ph# _____

I have known the applicant for _____ years and have personal knowledge of his/her equestrian activities.

Signature: _____ Dated: _____

3] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur and the information that I give is true and correct.

Name of party: _____ Email _____

Address: _____ Ph# _____

I have known the applicant for _____ years and have personal knowledge of his/her equestrian activities.

Signature: _____ Dated: _____

I ATTEST THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT I QUALIFY AS AN AMATEUR AS DEFINED BY THE WEST COAST HORSE SHOW RULE BOOK AS STATED ABOVE.

Signature of Applicant: _____ Dated: _____

For Office Use Only

OFFICE: Received: _____ Check # & Amount _____ G/L Acct: _____ Member # _____ Membership year: _____

CHAIR: Approved: _____ Card Issued: # _____ Card Mailed: _____ Region Chair Notified: _____



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ENGLISH WESTERN HIGH POINT PROGRAM
2023 EXHIBITOR ENROLLMENT FORM

Name _____ Birth Date _____ Age _____
(Address of 01/01/23)
Address _____ City _____ Zip _____
Phone _____ Email _____
Type of CSHA Membership _____ or CSHA Club: _____
Amateur Card Issued by _____ card # _____
Horse Name _____ Horse Age _____ Breed _____
(As of 01/01/23)
() Mare () Gelding () Stallion Horse Owner _____

These Categories and Age Division are required for State Championship Show Qualification. Check boxes that apply.

HALTER

() Junior Horse (5 & under) () Senior Horse (6 & over) () Open (Any age)

REINING

() 17 & under () 18 & over/AA () Open

ENGLISH

() Leadline 6 & under () 10 & under W/T () 13 & under () 14-17 () 18-34/AA () 35 & over/AA () Open

WESTERN

() Leadline 6 & under () 10 & under W/J () 13 & under () 14-17 () 18-34/AA () 35 & over/AA () Open

RANCH HORSE

() 10 & under W/T () 17 & under () 18 & over/AA () Open

These Categories and Age Divisions do not qualify for the State Championship Show. Region 5 High Point Awards only. Check boxes that apply.

TRAIL (Overall) SHOWMANSHIP (Overall) ENGLISH OVER FENCES

() All ages () All ages () All ages

CSHA State EW Program Fee (\$25) \$25.00

Region 5 EW Program Fee (\$30) \$30.00

Total Age Divisions _____ x \$25.00 = _____ (Age Divisions Horse or Rider/Handler)

Total Fees Submitted _____ (Make check payable to CSHA Region 5)

I hereby certify that all of the information completed on this form is true and accurate. That any falsification of information will result in my immediate disqualification from the program and the forfeiture of any prizes or awards received. I have read and agree to the rules as set forth in the CSHA Region 5 English Western Program. I understand that no points will be recorded on my behalf until this form and fees have been received by the chair of the Region5 EW program.

Rider/Handler Signature _____

Date _____

Parent/Guardian Signature (if rider/handler is under 18) _____

Date _____

Parent/Guardian Printed Name (if rider/handler is under 18) _____

CSHA REGION 5 ENGLISH WESTERN CHAIR: George Yamamoto 1512 Plymouth Ln Antioch, CA 94509
(925) 754-4141 region5ew@comcast.net www.region5ew.com



California State Horsemen's Association, Incorporated
RELEASE OF LIABILITY

PARTICIPANT: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I acknowledge I am attending and/or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated**, and _____ or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of **CSHA, Inc.**, and _____ or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by **CSHA, Inc.** and _____, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

() I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for CSHA events.

() I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for CSHA events. This shall be binding as to damage or injury to my minor, his/her animals or property arising out of his/her attendance/participation in events.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Signature: _____ Date: _____



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ENGLISH WESTERN HIGH POINT PROGRAM
POINTS TABLE

<i>Horses/ Placing</i>	6	5	4	3	2	1
<i>1st</i>	7	6	5	4	3	2
<i>2nd</i>	6	5	4	3	2	0
<i>3rd</i>	5	4	3	2	0	0
<i>4th</i>	4	3	2	0	0	0
<i>5th</i>	3	2	0	0	0	0
<i>6th</i>	2	0	0	0	0	0
<i>Did Not Place</i>	1	1	1	1	1	1